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CONFIRMATION NO. 8158

SERIAL NUMBE 10/764,161	FILING OR 371(c) DATE 01/23/2004 RULE	C	CLASS GROUP A		UP AR1 1655	ם יואטי		ATTORNEY OCKET NO. 3024/38629A		
	nael, Delanson, NY; c Sauniere, Cassis, FRAN	ICE;								
This applicati	ATA ***********************************	01/23/20								
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/29/2004										
Foreign Priority claimed 35 USC 119 (a-d) conditions yes no Met aftermet Verified and Acknowledged Examiner's Signature Initials			STATE OR COUNTRY NY	SHEETS DRAWING 1		TOTAL CLAIMS 47		INDEPENDENT CLAIMS 7		
ADDRESS 04743										
TITLE										
Method of treatment of conditions by administration of streptolysin O										
					All Fees					
					1.16 Fees (Filing)					
RECEIVED No	FEES: Authority has been given in Paper Noto charge/credit DEPOSIT ACCOUNT			1.17 Fees (Processing Ext. of time)						
865 No	No for following:				1.18 Fees (Issue)					
					□ Other					
							☐ Credit			
